10/23/2008 11:18

Image# 28934064619

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Podiatric Medical Association Political Action Committee 9312 Old Georgetown Road ADDRESS (number and street) Check if different than previously Bethesda MD 20814 1698 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS NEW **AMENDED** C00008839 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day Х (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the 10 21 2008 Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 10 0 1 2008 10 2008 15 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Barney Greenberg, DPM Type or Print Name of Treasurer Electronically Filed by Dr. Barney Greenberg, DPM 10 23 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

## SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS

Page 2

F	eport Covering the Period: From:	01 2008	To: 0 1 5 2 0 0 8
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 Ž008 Y Y		322669.36
	(b) Cash on Hand at Begining of Reporting Period	291015.04	
	(c) Total Receipts (from Line 19)	22919.00	423422.09
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	313934.04	746091.45
7.	Total Disbursements (from Line 31)	20409.85	452567.26
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	293524.19	293524.19
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

Party Committees .....

American Podiatric Medical Association Political Action Committee

м м 1 0 01 м м 1 0 1<sup>D</sup>5 2008 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 245317.12 10000.00 (i) Itemized (use Schedule A) ......... 9919.00 169839.15 (ii) Unitemized ..... (iii) TOTAL (add 19919.00 415156.27 Lines 11(a)(i) and (ii) ......

(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	1000.00
(such as PACs)	0.00	1000.00
(d) Total Contributions (add Lines		

11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	19919.00	416156.27
12. Transfers From Affiliated/Other		

0.00

0.00

0.00

0.00

13. All Loans Received	Г								0.0	0		1								0.0	0	
10. All Loans 110001/00		-	-	-	-	_	-	-	_	-	-		-	-	_		-	_	_	-	_	-
		U	- 0	U	- 0	-	-	0	-	U	-	7	0	U	-	-		U	-	0	-	

14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		

Refunds of Contributions Made     to Federal candidates and Other		
Political Committees	3000.00	3000.00

17. Other Federal Receipts		
Other rederar receipts	0.00	4005.00
(Dividends, Interest, etc.)	0.00	4265.82
(,,		

18.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account	0.00	0.00
	(from Schedule H3)	0.00	0.00

(b) Levin Funds (from Schedule H5)	0.00	0.00
(b) Leviii i unus (iroin schedule i is)		

(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
---	------	------

12, 13, 14, 15, 16, 17, and 18(c))	22919.00	423422.09

00 T-1-1	L Carlanal Dagainta		
20. Total	l Federal Receipts	00010.00	423422.09
(subt	tract Line 18(c) from Line 19)	22919.00	423422.09
(000)	tract Enio To(o) from Enio To) finitini		

19. Total Receipts (add Lines 11(d),

### **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share		
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	7526.85	10197.26
Expenditures(c) Total Operating Expenditures		10101.20
(add 21(a)(i), (a)(ii) and (b))	> 7526.85	10197.26
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to		
Federal Candidates/Committees and Other Political Committees		434750.00
Independent Expenditure (use Schedule E)	0.00	0.00
Coordinated Expenditures Made by Committees (2 U.S.C. 441a(d))	arty	
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made		0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	50.00	2851.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).	<b>&gt;</b> 50.00	2851.00
Other Disbursements	833.00	4769.00
Federal Election Activity (2 U.S.C 4	(20))	
(a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(.)	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid E With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (a Lines 30(a)(i), 30(a)(ii) and 30	0.00	0.00
Total Disbursements (add Lines 21)		
23, 24, 25, 26, 27, 28(d), 29 and 30	20409.85	452567.26
Total Federal Disbursements	40	
		452567.26
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30( from Line 31)	(ii) 20409.85	

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	19919.00	416156.27
34.	Total Contribution Refunds (from Line 28(d))	50.00	2851.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	19869.00	413305.27
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	7526.85	10197.26
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	7526.85	10197.26

FE6AN026

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 24 (check only one)  X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and for commercial purposes, other than using th	Statements ma e name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Podiatric Medical Associati	on Political <i>F</i>	Action Committee	
<u></u>	Full Name (Last, First, Middle Initial) Dr. Howard M. Sokoloff			Date of Receipt
	Mailing Address 5601 Norris Canyon F	Rd. #240		10 03 2008
	City	State	Zip Code	Transaction ID: 15979914
	San Ramon	CA	94583-5407	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self Employed	Occupation	on c Physician	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
	Full Name (Last, First, Middle Initial) Dr. T. Eric Siceloff			Date of Receipt
	Mailing Address 3636 Edgemoor Ct.			M M / D D / Y Y Y Y Y Y 1 1 0 0 3 2 0 0 8
	City	State	Zip Code	Transaction ID: 15979916
	Clemmons	NC	27012-8921	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Piedmont Foot & Ankle Ass- ociates	Occupation Podiatric	on c Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
	Full Name (Last, First, Middle Initial) Dr. Robert D. Rutstein			Date of Receipt
	Mailing Address 597 Farmington Ave.			10 03 7 2008
	City	State	Zip Code	Transaction ID: 15979919
	Hartford	CT	06105-3057	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Podiatric	on c Physician	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼		500.00	
	SUBTOTAL of Receipts This Page (optional) .			1050.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedul for each category of the Detailed Summary Pa	le Circuit Gridy Gridy
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Podiatric Medical Associations (In Full)	g the name and address of any political comr	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Fred Marino  Mailing Address 1034 Windsong PI		Date of Receipt    M
City  Murfreesboro  FEC ID number of contributing	State Zip Code TN 37129	Transaction ID: 15979925  Amount of Each Receipt this Period  250.00
Receipt For:  Primary  Other (specify)	Occupation Podiatric Physician Aggregate Year-to-Date  250.	
Full Name (Last, First, Middle Initial) Dr. Richard D. DiBacco Mailing Address 5755 Schultz Rd.		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Erie	State Zip Code PA 16509-3745	Transaction ID: 15979935  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Podiatry Associates of Erie Receipt For:  □ Primary □ General Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date  300	00
Full Name (Last, First, Middle Initial) Dr. Neal Kramer Mailing Address 5775 Fresh Meado	w Dr.	Date of Receipt
City  Macungie  FEC ID number of contributing federal political committee.	State Zip Code PA 18062-9522  C	Transaction ID: 15985685  Amount of Each Receipt this Period  250.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.	00 00
SUBTOTAL of Receipts This Page (option	al)	650.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 24 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  American Podiatric Medical Associations of the commercial purposes and the commercial purposes of the commercial purposes o	and Statements may not be sold or used by any pering the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. William H. Dabdoub Mailing Address 100 Ayshire Ct.		Date of Receipt
City Slidell	State Zip Code LA 70461-5034	Transaction ID: 15985692  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Podiatric Physician  Aggregate Year-to-Date   2000.00	
Full Name (Last, First, Middle Initial) Dr. James O. Hall Mailing Address 2195 N. St. James	s Pkwy.	Date of Receipt
City	State Zip Code	Transaction ID: 15985699
Cleveland Heights  FEC ID number of contributing federal political committee.	OH 44106-3328	Amount of Each Receipt this Period  300.00
Name of Employer Cleveland Clinic Foundati- on Receipt For:	Occupation Podiatric Physician Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr. Gregory L. Cooper	-	Date of Receipt
Mailing Address 8033 Paseo Del C	ocaso	10 02 7 2008
City	State Zip Code CA 92037-3232	Transaction ID: 15985702
La Jolla  FEC ID number of contributing federal political committee.	CA 92037-3232	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	1050.00

or for	nformation copied from such Reports and S			X 11a 11b 11c 12 13 14 15 16 17
\	AME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
/ / "	merican Podiatric Medical Association	on Political A	action Committee	
Dr	III Name (Last, First, Middle Initial) . Michael J. Kelley			Date of Receipt
	ailing Address 2 Gibraltar	01-1-	7's Oads	10 06 2008
Cit Ro	ty ockford	State MI	Zip Code 49341-7703	Transaction ID: 15985709  Amount of Each Receipt this Period
FE	EC ID number of contributing deral political committee.	C		300.00
Na Se	ame of Employer elf Employed	Occupatio Podiatric	n : Physician	
Re	eceipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
B. <u>Dr</u> .	ıll Name (Last, First, Middle Initial) . Alan K. Mauser			Date of Receipt
Ма	ailing Address 425 S. Sherrin Ave.			10 06 2008
Cit		State	Zip Code	Transaction ID: 15985710
	puisville	KY	40207-4029	Amount of Each Receipt this Period
fec	EC ID number of contributing deral political committee.	C		300.00
Na Se	ame of Employer elf Employed	Occupatio Podiatric	n : Physician	
Re	eceipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
	Ill Name (Last, First, Middle Initial) . Christopher S. Seuferling			Date of Receipt
Ma	ailing Address 18309 N.E. 32nd St.			10 10 2008
Cit		State	Zip Code	Transaction ID: 16018389
	ancouver	WA	98682-3602	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		100.00
	ame of Employer elf Employed	Occupatio Podiatric	n : Physician	
Re	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
SUB.	TOTAL of Receipts This Page (optional)			700.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 24 (check only one)    X
or for	commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	AME OF COMMITTEE (In Full) merican Podiatric Medical Association	on Political <i>A</i>	Action Committee	
. <u>D</u>	ull Name (Last, First, Middle Initial) r. Jason Ray Surratt			Date of Receipt
_	ailing Address 8722 S.W. 49th Ave.			10 10 2008
	ity Portland	State OR	Zip Code 97219-3357	Transaction ID: 16018390
F	EC ID number of contributing deral political committee.	C	9/219-337	Amount of Each Receipt this Period  300.00
N	ame of Employer /estside Podiatry Clinic	Occupation Podiatric	on c Physician	
R	eceipt For: Primary General Other (specify)	<del>, '</del>	e Year-to-Date ▼ 600.00	
. <u>D</u>	ull Name (Last, First, Middle Initial) r. Thomas Charles Melillo lailing Address 22862 S.W. Saunders	Dr		Date of Receipt
_		10 10 2008		
	ity :herwood	State OR	Zip Code 97140-8236	Transaction ID: 16018391  Amount of Each Receipt this Period
F	EC ID number of contributing deral political committee.	C	1 1 1 1 1 1	100.00
N	ame of Employer /estlake Podiatry Clinic	Occupation Podiatric	on c Physician	
R	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1100.00	
	ull Name (Last, First, Middle Initial) r. Alan Francis Rothstein			Date of Receipt
M	ailing Address 5770 Victoria Ct.			10 10 2008
	ity	State	Zip Code	Transaction ID: 16018392
FI	ake Oswego  EC ID number of contributing defeal political committee.	OR	97035-8739	Amount of Each Receipt this Period  50.00
	ame of Employer orrective Step Foot Heal- n Center	Occupation Podiatric	on c Physician	
R	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 150.00	
CITE	BTOTAL of Receipts This Page (optional)	1		450.00

or for commercial purposes, other that NAME OF COMMITTEE (In Full)		Date of Receipt    M M		
Full Name (Last, First, Middle Initi Dr. Christopher S. Seuferling Mailing Address 18309 N.E. 3	al) 22nd St. State Zip Code	M M / D D / Y Y Y Y		
Dr. Christopher S. Seuferling  Mailing Address 18309 N.E. 3  City	State Zip Code	M M / D D / Y Y Y Y		
City	State Zip Code	10 10 2008		
Variousvoi		Transaction ID: 16018396  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	200.00		
Name of Employer Self Employed	Occupation Podiatric Physician			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00			
Full Name (Last, First, Middle Initi Dr. Melisa Ann Monson	<u></u>	Date of Receipt		
45 Division A	45 Division Ave. #F			
City Eugene	State Zip Code OR 97404-2483	Transaction ID: 16018398		
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  100.00		
Name of Employer Santa Clara Foot Care Cen- ter	Occupation Podiatric Physician			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initi Dr. Nancy T. Ray	al)	Date of Receipt		
Mailing Address P.O. Box 327	7	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State Zip Code OR 97146-0327	Transaction ID: 16018399		
Warrenton  FEC ID number of contributing federal political committee.	OR 97146-0327	Amount of Each Receipt this Period  50.00		
Name of Employer Self Employed	Occupation Podiatric Physician			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00			
SUBTOTAL of Receipts This Page	(optional)	350.00		

Γ	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 24 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
7	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Podiatric Medical Association	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
∠ 4.	Full Name (Last, First, Middle Initial) Dr. Patricia Eileen Cain		ionon committee	Date of Receipt
	Mailing Address 1414 S.E. Oak St.			10 10 / Y Y Y Y Y Y
	City <u>Portland</u>	State OR	Zip Code 97214-1430	Transaction ID: 16018401  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Oregon City Foot Clinic	Occupation Podiatric	n : Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
3.	Full Name (Last, First, Middle Initial) Dr. Daniel F. Byrd Mailing Address 615 N.W. 4th St.	L		Date of Receipt  10 10 2008
	City	State	Zip Code	Transaction ID: 16018402
	Pendleton  FEC ID number of contributing federal political committee.	OR	97801-1414	Amount of Each Receipt this Period  100.00
	Name of Employer Blue Mountain Foot Specia- lists Receipt For:  Primary General Other (specify) ▼	- '	e Physician e Year-to-Date ▼ 400.00	
- :.	Full Name (Last, First, Middle Initial) Dr. Patrick J. Evoy Mailing Address 61161 Ridge Falls Pl.	Date of Receipt  10 10 2008		
	City	State	Zip Code	Transaction ID: 16018404
	Bend  FEC ID number of contributing federal political committee.	OR	97702-2324	Amount of Each Receipt this Period  200.00
	Name of Employer Cascade Foot Clinic	Occupatio	n : Physician	
	Receipt For:  Primary  General  Other (specify) ▼	<del>, '</del>	e Year-to-Date ▼ 325.00	
	SUBTOTAL of Receipts This Page (optional)			800.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 24 (check only one)    X
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Podiatric Medical Associations of the commercial purposes and the commercial purposes are of the commercial purposes.	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Todd A. Muhly Mailing Address 1565 N.W. Woodla			Date of Receipt  10  10  10  10  10  10  10  10  10  1
City Corvallis  FEC ID number of contributing federal political committee.	State OR	Zip Code 97330-1059	Transaction ID: 16018406  Amount of Each Receipt this Period  200.00
Name of Employer McKenzie River Foot Clini- c, L.L.C.  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼		n Physician e Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Alan Francis Rothstein Mailing Address 5770 Victoria Ct.	•		Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
City	State	Zip Code	Transaction ID: 16018407
Lake Oswego	OR	97035-8739	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer Corrective Step Foot Heal- th Center Receipt For:		n : Physician e Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	250.00	
Full Name (Last, First, Middle Initial) Dr. Douglas G. Stoker	1		Date of Receipt
Mailing Address 3985 Parkview Dr.			10 10 2008
City	State	Zip Code	Transaction ID: 16018414
Salt Lake City  FEC ID number of contributing federal political committee.	C	84124-2323	Amount of Each Receipt this Period  300.00
Name of Employer Podiatry Center	Occupatio Podiatric	n : Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	al)		600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 24 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  American Podiatric Medical Associations and the such association of the such association of the such association of the such associated and the such associated asso	he name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Marc S. Feder Mailing Address 4050 W. Morse Ave.  City Lincolnwood  FEC ID number of contributing federal political committee.  Name of Employer Affiliated Podiatrists, Ltd. Receipt For: Primary General Other (specify)	State IL  C  Occupatio Podiatric	Zip Code 60712-2640 In B Physician B Year-to-Date ▼	Date of Receipt  M M M / D D / 2008  Transaction ID: 16018416  Amount of Each Receipt this Period  150.00
Full Name (Last, First, Middle Initial) Dr. Michael A. Schwartzman  Mailing Address 3015 Rennes Ct.  City  Northbrook  FEC ID number of contributing federal political committee.  Name of Employer Whiting Foot & Ankle Center Receipt For: Primary General Other (specify)		Zip Code 60062-5144	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Christina Brown  Mailing Address 1009 Casa Solana  City Wheaton  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	<del>- ' '</del>	Zip Code 60187-8211 on e Physician e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)			650.00

SCHEDULE A (FEC F ITEMIZED RECEIPTS	orm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 24 (check only one)    X
Any information copied from such or for commercial purposes, other  NAME OF COMMITTEE (In F	than using the name and ac	ay not be sold or used by any pers ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American Podiatric Medic	,	Action Committee	
Full Name (Last, First, Middle I Dr. Mark A. Ryerson			Date of Receipt
Mailing Address 4227 N. W		7:a Oada	10 10 2008
City Arlington Heights	State IL	Zip Code 60004-1302	Transaction ID: 16018424  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00004-1302	250.00
Name of Employer Central Podiatry	Occupation Podiatrio	on c Physician	
Receipt For:  Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle I			Date of Receipt
Mailing Address 1434 India	n Hill Dr.		10 10 7 2008
City	State	Zip Code	Transaction ID: 16018426
<u>Schaumburg</u>	<u>IL</u>	60193-4946	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		600.00
Name of Employer Self Employed	Occupation Podiatrio	on c Physician	
Receipt For:		e Year-to-Date ▼	
Primary ☐ General Other (specify) ▼		600.00	
Full Name (Last, First, Middle I Dr. Martin M. Pressman	nitial)		Date of Receipt
Mailing Address 109 N. Ra	cebrook Rd.		10 / 10 / 2008
City	State	Zip Code	Transaction ID: 16021565
Woodbridge	CT	06525-1407	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer New Haven Foot Surgeons	Occupation Podiatric	on c Physician	
Receipt For:  Primary Genera  Other (specify) ▼		e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Pa	ge (optional)		1100.00
TOTAL This Period (last page th		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 24 (check only one)    X
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Podiatric Medical Association	e name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Anthony Poggio Mailing Address 2059 Clinton Ave.  City Alameda FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General	<del>_ '</del>	Zip Code 94501-4379 on e Physician e Year-to-Date ▼	Date of Receipt  10 10 2008  Transaction ID: 16021567  Amount of Each Receipt this Period  300.00
Other (specify)  Full Name (Last, First, Middle Initial) Dr. Kam Y. Wong Mailing Address 1535 Francisco St.  City Berkeley FEC ID number of contributing federal political committee.	State CA	Zip Code 94703-0000	Date of Receipt  M M M / D D / Y Y Y Y Y  1 0 2 0 0 8  Transaction ID: 16021568  Amount of Each Receipt this Period  300.00
Name of Employer Self Employed  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)		n e Physician e Year-to-Date ▼ 300.00	
Dr. Ted Mihok  Mailing Address 2059 Clinton Ave.  City  Alameda  FEC ID number of contributing federal political committee.  Name of Employer Self Employed	State CA C Occupatio Podiatric	Zip Code 94501-4379 n : Physician	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 400.00	900.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 24 (check only one)    X   11a
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal committee to the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Podiatric Medical Associa	tion Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Darrell Duane Prins		Date of Receipt
Mailing Address 3200 N.E. 30th St.		10 10 Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 16021612
Lincoln City	OR 97367-5105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Lincoln County Foot Health Center	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Dr. Lyndon G. Johansen		Date of Receipt
Mailing Address 2025 S.W. Daybreal	ς Way	M M / D D / Y Y Y Y Y Y 1 1 0 1 0 2 0 0 8
City	State Zip Code	Transaction ID: 16021614
Troutdale	OR 97060-4468	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	700.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Jay C. Goldstein	<b>I</b>	Date of Receipt
Mailing Address 2626 N.W. 83rd Pl.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 16021616
Portland	OR 97229-4151	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
CURTOTAL of Booking This Book (cultural)		1050.00

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 24 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Podiatric Medical Association	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Andrew C. Schink Mailing Address 1715 Cameo		Date of Receipt
City Eugene	State         Zip Code           OR         97405-5897	Transaction ID: 16021617  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Podiatric Physician  Aggregate Year-to-Date   650.00	
Full Name (Last, First, Middle Initial) Dr. Alan E. Singer Mailing Address 4 Golden Crest Ct.		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 16022966
Rockville	MD 20854-2982	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Paul W. Aufderheide		Date of Receipt
Mailing Address 6465 Chico Way		10 15 2008
City	State Zip Code	Transaction ID: 16024949
Bremerton  FEC ID number of contributing federal political committee.	WA 98312-1155	Amount of Each Receipt this Period  250.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
	1	
SUBTOTAL of Receipts This Page (optional)		650.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 24 (check only one)  11a 11b 11c 12  13 14 15 X 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Podiatric Medical Association	Statements may not be sold or used by any pers- le name and address of any political committee to ion Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Doggett For Us Congress Mailing Address PO Box 5843  City Austin  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: 2008  X Primary General Other (specify)	State Zip Code TX 78763  C C00286500  Occupation  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  M M M / D D / 2008  Transaction ID: 16021630  Amount of Each Receipt this Period  1000.00
Full Name (Last, First, Middle Initial) Gene Green Congressional Campaign Mailing Address PO Box 16128  City Houston  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: 2008  X Primary General Other (specify)	State Zip Code TX 77222  C C00254185  Occupation  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  M M M / D D / 2008  Transaction ID: 16021631  Amount of Each Receipt this Period  1000.00
Full Name (Last, First, Middle Initial)  Hinojosa for Congress  Mailing Address 311 North 15th Street  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: 2008  X Primary General  Other (specify)	State Zip Code TX 78501  C C00310896  Occupation  Aggregate Year-to-Date  1000.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		3000.00
TOTAL This Period (last page this line numbe	er only)	3000.00

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	DR LINE NUMBER: PAGE 20 / 24 neck only one)
ITEMIZED DISBURSEMENTS	Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29
Any Information copied from such Reports and State or for commercial purposes, other than using the nar		
NAME OF COMMITTEE (In Full) American Podiatric Medical Association F	Political Action Committee	
Full Name (Last, First, Middle Initial) Welch For Congress		Transaction ID: 15977661 Date of Disbursement  10 0 2 2 0 0 8
Mailing Address PO Box 1086		10 02 2008
City Montpelier	State Zip Code VT 05601	Amount of Each Disbursement this Period
Purpose of Disbursement  Candidate Name	01	
Mr. Peter Welch	Categ Typ	
Senate President	ement For: 2005 Primary X General Other (specify)	
State: VT District: 01  Full Name (Last, First, Middle Initial)		Transaction ID: 15977791
Red Rooster Leadership PAC		Date of Disbursement
Mailing Address 228 S. Washington Stre Suite 115	et	10 M / D D / Y Y Y O O 8 Y
City Alexandria	State Zip Code VA 22314	Amount of Each Disbursement this Perio
Purpose of Disbursement	01	1 4000.00
Candidate Name Red Rooster Leadership PAC	Categ Typ	
Office Sought:    House   Disburs	ement For:  Primary General  Other (specify) ▼	
Full Name (Last, First, Middle Initial) Lincoln Diaz-Balart For Congress Commi		Transaction ID: 15980587 Date of Disbursement
Mailing Address 9737 Nw 41 Street #13		M M / D O 3 / Y Y Y O Y 8 Y
City Miami	State Zip Code FL 33178	Amount of Each Disbursement this Perio
Purpose of Disbursement	01	1000.00
Candidate Name Lincoln Diaz-Balart	Categ Typ	jory/
Senate President	ement For: 2005 Primary X General Other (specify)	
State: FL District: 21		
SUBTOTAL of Disbursements This Page (optional		▶ 6000.00

		3 (FEC Form	- 1	Use sep	arate schedule(s)			NE NUME	BER:	L	PAGE 2	21 / 24	1
ITE	EMIZED DI	SBURSEMEN	TS	for each	category of the Summary Page		(check c	only one)	X 23	3	↓ <b>□</b> 2	25 [	:
							27	288				29	]
		ed from such Reports rposes, other than using the contract of											
	NAME OF COM	·											
	American Pod	iatric Medical Asso	ciation Pol	itical Act	tion Committee	9							
	•	First, Middle Initial)								<b>ID</b> : 159	80588		
	Ehlers For Cor	ngress Committee						Dat	e of Disb	ursement	V V	V ° \	V
	Mailing Address	PO Box 3340						1		03	20	0 0 8	
	City Grand Rapids			tate //I	Zip Code 49501			Am	ount of E	ach Disbu	rsement t	his Pe	rioc
	Purpose of Disbu	ırsement									100	0.00	_
	Candidate Name						011 tegory/						
	Rep. Vernon J	. Ehlers					уре						
	Office Sought:	X House	Disbursen		2005 X General								
		Senate President		Primary Other (spe									
	State: MI	District: 03		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	,, <b>v</b>								
		First, Middle Initial)								<b>ID</b> : 159	80589		
	Menendez For	Senate						Dat	e of Disb	ursement	V . V .	V ° \	v 1
	Mailing Address	P.O. Box 848						1	0 1 /	0 3	20	) Ó 8 Ì	
	City Union City			tate IJ	Zip Code 07087			Am	ount of E	ach Disbu	rsement t	his Pe	rio
	Purpose of Disbu	ırsement		-	07007		211				100	0.00	
	Candidate Name					Ca	011 tegory/						
	Sen. Robert M		L D:-1		0010	T	уре						
	Office Sought:	House χ Senate		Primary	2012 General								
	State: NJ	President District:		Other (spe	ecify) 🔻								
	Full Name (Last,	First, Middle Initial)								<b>ID</b> : 159	80590		
	Friends Of Zac	on wamp								ursement	YY	Υ ` \	Y
	Mailing Address	P.O. Box 24804 651 E. Fourth S		0				1 M	0	0 3	20	)	_
	City Chattanooga			tate N	Zip Code 37422			Am	ount of E	ach Disbu	rsement t	his Pe	rio
	Purpose of Disbu	ırsement									100	0.00	
	Candidata Mar						011						
	Candidate Name Rep. Zach Wa						tegory/ - ype						
	Office Sought:	x House	Disbursen	nent For:	2005								
		Senate		Primary	X General								
		President District: 03		Other (spe	eciry) 🔻								
	State: TN	טוטנווננ. עט											
	State: TN	District. 03	<u> </u>									0.00	_

В.

District: 04

age# 2000 100 10 10		
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 / 24
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one)         21b       22       X       23       24       25       26         27       28a       28b       28c       29       30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full)  American Podiatric Medical Association Po	litical Action Committee	
Full Name (Last, First, Middle Initial) Mcconnell Senate Committee '08  Mailing Address PO Box 1496		Transaction ID: 15989848 Date of Disbursement  100000000000000000000000000000000000
•	State Zip Code KY 40201	Amount of Each Disbursement this Period
Purpose of Disbursement  Candidate Name Sen. Mitch McConnell	Ca	011 Category/ Type
Office Sought:    House   Disburse     X Senate     President     State: KY District:	ment For: 2005 Primary X General Other (specify)	
Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee		Transaction ID: 16025868  Date of Disbursement  10 15 2008
Mailing Address PO Box 360	State 7's Code	
	State Zip Code AR 71857	Amount of Each Disbursement this Period
Purpose of Disbursement  Candidate Name Rep. Michael A. Ross	Ca	011 Category/ Type
Office Sought: X House Disburse Senate President	ment For: 2005 Primary X General Other (specify)	~

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	3000.00
TOTAL This Period (last page this line number only)	•	12000.00

State: AR

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SCHEDULE B (FEC For ITEMIZED DISBURSEM	' Use separate schedu	the (check only one)	PAGE 23 / 24  25
or for commercial purposes, other than NAME OF COMMITTEE (In Full)		r used by any person for the purpose of soliciting of soliciting of solicitical committee to solicit contributions from such sittee	
Full Name (Last, First, Middle Initial Comptroller Of Maryland Mailing Address Revenue Ad	dministration Division	Transaction ID: 1598 Date of Disbursement	0592 Y 2 0 0 8 Y
City Annapolis Purpose of Disbursement  Candidate Name	State Zip Code MD 21411-0	Amount of Each Disburs  0001  Category/ Type	sement this Period 833.00
Office Sought:    House   Senate   President     State: District:	Disbursement For:  Primary Gen  Other (specify) ▼	eral	

SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	833.00
TOTAL This Period (last page this line number only)	<b>—</b>	833.00

### Image# 28934064642

State:

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	CHEDULE B (FEC Forr	- 1	Use separate schedule(s) (check on				IE NUMBER:					PAGE 24 / 24				
IT	EMIZED DISBURSEME	ENTS		category of the Summary Page		21 27	Ĺ	22 28a	ш.	23 28b	П	24 28c	Н	25 29		26 30b
	y Information copied from such Repo for commercial purposes, other than															
\	NAME OF COMMITTEE (In Full)															
/	American Podiatric Medical As	ssociation Pol	litical Acti	ion Committee	)											
	Full Name (Last, First, Middle Initial Wachovia Bank, N.A.  Mailing Address NC8502 PO Box 5638							Trans Date of	of Dis	sburse	•	59890 nt		0 ŏ 8	Y	
	City Charlotte	S	State VC	Zip Code 28262-3966				Amou	nt of	Each	Dis	burser	-	t this P		d
	Purpose of Disbursement Bank Fees				Q(	01	1			_			75	26.85		
	Candidate Name					egory/ pe										
	Office Sought: House Senate		nent For: Primary Other (spe	General				Bank	Fee	S						

SUBTOTAL of Disbursements This Page (optional)	•	7526.85
TOTAL This Period (last page this line number only)	<b>•</b>	7526.85